



Return Copy to:

Bank of America  
Government Card Services Unit  
P.O. Box 1637  
Norfolk, VA 23501-1637  
Facsimile: 757.624.6323  
Toll Free Fax: 877.217.1033

## Hierarchy Structure Change Request

Use this form to add, change or delete a point of hierarchy and to reassign existing cardholders affected by a hierarchy structure change. Adds and deletes affect how program information is reported by segmenting it into different hierarchical structures. Questions? Call GCSU toll-free (1.800.472.1424) from the U.S. and Canada or, if dialing from international locations, call collect (1.757.441.4124).

Add New Hierarchy Point ☐Modify Existing Hierarchy Point ☐Delete/Remove Hierarchy Point ☐

**Hierarchy Level:** Please complete as many of the seven (7) digit numbers for each hierarchy level (HL) as are appropriate for your hierarchy point (up to eight levels).

HL1	HL2	HL3	HL4	HL5	HL6	HL7	HL8

Agency/Organization

Name: \_\_\_\_\_

Unit Name: \_\_\_\_\_

Agency/Organization

Address: \_\_\_\_\_

A/OPC Work

Telephone \_\_\_\_\_

A/OPC: \_\_\_\_\_

City: \_\_\_\_\_

State / Province: \_\_\_\_\_

Postal Code: \_\_\_\_\_

Country: \_\_\_\_\_

Move up to 5 accounts from one hierarchy point to another as indicated. To move more accounts, use an additional form(s).

Account Number	Move	HL1	HL2	HL3	HL4	HL5	HL6	HL7	HL8
	From:								
	To:								
	From:								
	To:								
	From:								
	To:								
	From:								
	To:								
	From:								
	To:								

Authorized Official: \_\_\_\_\_

Name/title (Please print)

Business Telephone: \_\_\_\_\_

(Commercial Access Number Required; Include Area or Country Code)

Signature of

Authorized Official: \_\_\_\_\_

Date: \_\_\_\_\_



## Instructions for Hierarchy Structure Change Request Form

<b>Purpose</b>	Use this form to add, change, or delete a point of hierarchy and to reassign accounts affected by a hierarchy structure change.
<b>Instructions</b>	<p>Complete this form to add, change, or close a point of hierarchy. Changes to existing hierarchy points include Agency/Organization or unit name changes or changes to the address and telephone information on record. Please Note: If your hierarchy structure change affects existing cardholders, indicate hierarchy reassignments as appropriate. All accounts must be reassigned before a specific hierarchy point can be closed out. Please print or type all information and mail or fax to:</p> <p style="text-align: center;"><b>Bank of America</b> <b>Attn: GCSU</b> <b>P. O. Box 1637</b> <b>Norfolk, VA 23501-1637</b> <b>Fax: 757.624.6323</b> <b>Toll Free Fax: 877.217.1033</b></p>

Field Descriptions of Form Elements
<b>Add New Hierarchy Point, Modify Existing Hierarchy Point, or Delete/Remove Hierarchy Point</b> —Indicate if a new hierarchy point is to be added, if an existing hierarchy point is to be modified, or if an existing hierarchy point is to be deleted.
<b>Hierarchy Level (HL1 - HL8)</b> —Complete as many of the 7-digit hierarchy level (HL) numbers as are appropriate for your hierarchy point (up to 8 levels).
<b>Agency/Organization Name</b> —Indicate Agency/Organization Name.
<b>A/OPC Work Telephone</b> —Enter A/OPC Work Telephone Number
<b>Unit Name</b> —Lowest organizational entity associated with the hierarchy points identified above e.g. Agency/Organization, Bureau, Department, Cost Center, etc.
<b>A/OPC</b> —Enter name of the A/OPC for the hierarchy point.
<b>Agency/Organization Address (includes City, State/Province, Postal Code, Country)</b> —Enter address of the hierarchy point to which the change request will be made.
<b>Account Number</b> —List up to five 16-digit account numbers affected by the hierarchy structure change. To reassign more accounts complete an additional form(s).
<b>Move From</b> —Indicate the complete hierarchy position number from which the account is being moved. Complete as many of the 7-digit numbers for each HL as are appropriate for the hierarchy point.
<b>Move To</b> —Indicate the complete hierarchy position number to which the account is being moved. Complete as many of the 7-digit numbers for each HL as are appropriate for the hierarchy point.
<b>Authorized Official (Name/Title)</b> —Name and title of person authorized to request this change (may be the A/OPC).
<b>Business Telephone</b> —Authorized Official's commercial work telephone number to include area code or country code, if applicable.
<b>Signature of Authorized Official</b> —Signature of the Authorized Official.
<b>Date</b> —Date of signature.